



DEPARTMENT OF ECONOMIC DEVELOPMENT

CLIENT PROFILE FORM

First Name		Last Name	
Title		Company Name	
Missouri Business Charter Number (to retrieve, visit: https://www.sos.mo.gov/BusinessEntity)			
Street Address 1		Street Address 2	
City		State Missouri	Zip Code
Telephone (please do not put an 800 number)		Fax	
E-mail		Web site	
Number of Employees		Entity Creation Date (year established in Missouri)	
Please provide a brief profile of your company (35 words or less).			
Please indicate the range of your company's annual sales. <input type="checkbox"/> Under US\$500K <input type="checkbox"/> US\$501K-US\$999K <input type="checkbox"/> US\$1M-US\$5M <input type="checkbox"/> Over \$5M			
Do you currently export? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what percent of your sales are through export? <input type="checkbox"/> 0-15% <input type="checkbox"/> 16-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%			
If your company is foreign owned, please indicate the parent company and country. Parent Company: _____ Country: _____			
Industry Type <input type="checkbox"/> Advanced Manufacturing <input type="checkbox"/> Economic Development <input type="checkbox"/> Service Provider <input type="checkbox"/> Automotive <input type="checkbox"/> Information Technology <input type="checkbox"/> Transportation / Logistics <input type="checkbox"/> Aviation / Aerospace <input type="checkbox"/> Manufacturing (any industry) <input type="checkbox"/> Venture Capital <input type="checkbox"/> Biological / Life Sciences <input type="checkbox"/> Medical Equip. / Supplies <input type="checkbox"/> Other			
How did you hear about our office/services?			
Please submit form to: Missouri Department of Economic Development Business and Community Services Division 301 W. High Street, Room 720 PO Box 118 Jefferson City, MO 65102 USA			